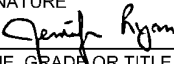

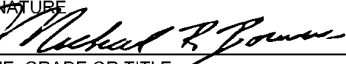


Exhibit

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1202

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER N/A		
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CRD REPORT/CID ROI NUMBER N/A		
RECEIVING ACTIVITY Triangle Experience Group (TEG)		LOCATION N/A		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER Mike Bowers (TEG) <input type="checkbox"/> OTHER		ADDRESS (Include Zip Code) 11182 Hopson Rd, Suite A Ashland, VA 23005		
LOCATION FROM WHERE OBTAINED Download Link via Email from Jennifer Ryan - MaxMinds		REASON OBTAINED Source Code Scanning	TIME/DATE OBTAINED 1200/Aug 18, 2023	
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)		
1	01	Haptic Federal Source Code 3.1.21.7 (Build 20230803.1)		
////////	////////	/////////Nothing Follows////////		
CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	08/18/23	SIGNATURE 	SIGNATURE 	MaxMinds sent Item #1 to TEG to scan the Haptic Federal Source Code
		NAME, GRADE OR TITLE Jennifer Ryan, Max Minds	NAME, GRADE OR TITLE Mike Bowers, TEG	
1	08/23/23	SIGNATURE 	SIGNATURE	TEG certifies destruction of Item #1 Haptic Federal Source Code v3.1.21.7
		NAME, GRADE OR TITLE Mike Bowers, TEG	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

APD LC v1.00

DA FORM 4137, 1 JUL 1976

Replaces DA FORM 4137, 1 Aug 74 and
DA FORM 4137-R Privacy Act Statement
26 Sep 75 Which are ObsoleteLOCATION N/ADOCUMENT NUMBER 20230818

CONFIDENTIAL

MAX779-000326

EXHIBIT
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CHAIN OF CUSTODY <i>(Continued)</i>				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

FINAL DISPOSAL ACTION

RELEASE TO OWNER OR OTHER *(Name/Unit)* _____

DESTROY Haptic Federal Source Code 3.1.21.7 (Build 20230803.1)

OTHER *(Specify)* _____

FINAL DISPOSAL AUTHORITY

ITEM(S) _____ ON THIS DOCUMENT, PERTAINING TO THE INVESTIGATION INVOLVING _____ *(Grade)*

_____ *(Name)* _____ *(Organization)* (IS) (ARE) NO LONGER

REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. *(If article(s) must be retained, do not sign, but explain in separate correspondence.)*

(Typed/Printed Name, Grade, Title) *(Signature)* *(Date)*

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) _____ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN, IN MY PRESENCE, ON THE DATE INDICATED ABOVE.

(Typed/Printed Name, Organization) *(Signature)*